

TOWN OF ELSMERE

Employment Application



APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Phone Number	E-Mail Address		
Date Available	Social Security Number	Desired Salary	
Position Applied For			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for the Town before? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been arrested or taken into Custody by any law enforcement agency? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

PREVIOUS EMPLOYMENT CONTINUED			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$		Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$		Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DRIVERS LICENSE	
License Number	Type
Restrictions or Endorsements?	CDL License
List any Traffic Summonses you have received.	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain:	

REFERENCES	
<i>Please list three professional references</i>	
Full Name	Relationship
Company	Phone ()
Address	

REFERENCES CONTINUED	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date